

## INSTRUCTIONS FOR FILING FORM FOR PHYSICIAN REGISTRATION

### **FORM**

DOWNLOAD THE FORM AND FILL OUT USING  
BLACK INK AND PLEASE PRINT.  
DATE AND SIGN FORM

SEND THE FOLLOWING:

1. COMPLETED REGISTRATION FORM WITH ORIGINAL SIGNATURE
2. COPY OF MASSACHUSETTS REGISTRATION CERTIFICATE
3. STAMPED SELF ADDRESSED ENVELOPE (for a certified copy of the registration certificate)
4. Check in the amount of \$20.00(\$10.00 for registration + \$10.00 for certified copy) payable to City of Northampton.

MAIL THE ABOVE TO  
CITY CLERK'S OFFICE  
ROOM 4  
210 MAIN STREET  
NORTHAMPTON, MA 01060

**CITY OF NORTHAMPTON**

I, \_\_\_\_\_, HEREWITH PRESENT  
(name of physician)  
A COPY OF MASSACHUSETTS REGISTRATION CERTIFICATE # \_\_\_\_\_  
FOR RECORDING BY THE CITY CLERK OF THE CITY OF NORTHAMPTON,  
MASSACHUSETTS, I INTEND TO CONDUCT THE PRACTICE OF MEDICINE IN  
THE CITY OF NORTHAMPTON.  
MY OFFICE OR USUAL PLACE OF BUSINESS IS LOCATED AT:

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip code)

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**APPLICANT'S STATEMENT**

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 8 OF CHAPTER 112, I  
HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT ALL  
INFORMATION ON THIS APPLICATION IS TRUE.

DATED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

**Physicians do not write below this line.**

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Filed in Northampton, Massachusetts on \_\_\_\_\_ 200